

A 08251 MI State	MM		NFIRS-1 Basic
B Location Type X Street address Intersection In front of Rear of Adjacent to Directions US National Grid	Check this box to indicate that the address for this incident is provided on the Wildle Module in Section B, "Afternative Location Specification," Use only for writinand fires 32-122	and Fire Census Tract 5669 - 06 PL Street Type Suffit State Zip Code	
D Aid Given or Received 1 Mutual aid received 2 Automatic aid received 3 Mutual aid given	dates are the same as Alarm 10 10 10 10 10 10 10 1	Midright in Mary Sequired Day Year Hour Min Sec 22:09:00 AL required, unless canceled or did not antive 12 2016 22:19:00 COLLED optional, except for wildland firms 12 2016 22:31:00	E2 Shifts and Alarms Local Option A 1 3 Shelt or Alarms District Special Studies Local Option Special Study ID# Special Study Value
F Actions Taken 86 Investigate Peirsary Action Taken (1) 81 Incident command Additional Action Taken (2)	X Gheck this box and te	Daratus Personnel LOSSES Conductor for an interview. NOTIBE DATA DESCRIPTION OF THE PROPERTY AND ADDRESS CONTINUES. NOTIBE DATA DESCRIPTION OF THE PROPERTY AND ADDRESS CONTINUES. NOTIBE DATA DESCRIPTION OF THE PROPERTY AND ADDRESS CONTINUES. NOTIBE DATA DESCRIPTION OF THE PROPERTY AND ADDRESS CONTINUES. NOTIFICATION OF THE PROPERTY ADDRESS CONTINUE	·
Completed Modules Fire-2 Structure Fire-3 Civilian Fire Cas4 Fire Service Cas5 EMS-6 HazMat-7 WildLand Fire-5 X Apparatus-9 X Personnel-10 Arson-11	H1 Casualties None Death Injury Fire 0 0 0 Civilian H2 Detector Required for contined fires. 1 Detector alterted occupants 2 Detector did not alert occupants U Unknown	H3 Hazardous Materials Release 0 Special HazMat actions required or spill >= 55 gal. 1 Natural gas: slow leak, no evac. or HazMat actions 2 Propane gas - Less than a 21 lb. tank 3 Gasoline - vehicle fuel tank or portable container 4 Kerosene - fuel-burning equipment/portable storage 5 Diesel fuel/fuel oil - vehicle fuel tank/portable 6 Household/office solvent or chemical spill 7 Motor oil - from engine or portable container 8 Paint - spills less than 55 gallons N None	Mixed Use Property Mixed use, other Assembly use Citized incal use Medical use Residential use Row of stores Enclosed mall Business and residential use Office use Industrial use Farm use NN X Not mixed use

	Property Use Structures Church, mosque, synagogue, temple, chapel Restaurant or cafeteria Bar or nightclub Elementary school, including kindergarten High school/junlor high school/middle school Adult education center, college classroom 24-hour care Nursing homes, 4 or more persons Hospital - medical or psychiatrio Outside Playground Crops or orchard Forest, timberland, woodland Outside material storage area Dump, sanitary landfill Open land or field	341 342 361 419 429 × 439 449 464 519 936 936 946 951 960 961	Clinic, dinic-type infirmary Doctor, dentist or oral surgeon office Jail, prison (not juvenile) 1 or 2 family dwelling Multifamily dwelling Boarding/rooming house, residential hotels Hotel/motel, commercial Residential board and care Barracks, dormitory Food and beverage sales, grocery store Vacant lot Graded and cared-for plots of land Lake, river, stream Railroad right-of-way Street, other Highway or divided highway Residential street, road or residential driveway	539 571 579 599 615 629 700 819 882 891 984	Household goods, sales, repa Service station, gas station Motor vehicle or boat sales, s Business office Electric-generating plant Laboratory or science laborat Manufacturing, processing Livestock, poultry storage Parking garage, general vehic Warehouse Construction site Industrial plant yard - area with the code and sacrighen only if you we NOT checked a openty Use box.	ervices, repair ary	429 Code
	Person/Entity Involved Local Option Check this box II same address as indiced The Committee of the Committ	Mr., Ms., 321; Number Post Off MI	22 Hamilton Profix Street or Highway Wayne	Last N		Area Code Phone Number	Suffix
	Owner Same as person involved? Then check this box and skip the rest of this block. Check this box if same the control (Seeding B). Then skip his thene duplicate address Ence.	Mr., Ms., Number Post Off	Prefix Street or Highway	Last N	arre	Area Code Phone Number Street Type	Suffex Staffer
L4	er in charge ID Signature Position 7 Jeffery Pochron Ca	aptain n or rank aptain n or rank	Station 3	20 Year 20 Year			
E: O: Si b)	Remarks Local Option 3 & R3 were dispatched to location for a report of a CO de a arrival FD interview with the resident had the resident sta he stated that she called 911 because she was unsure if the the building's maintenance personnel. Dused its CO monitor to check for any CO within the struct	ating to tere w	o FD that the dwelling's combination CO detector had as any CO present in the home. The resident also state	ed tha	at the CO detector was	a new unit, recently in	nstalled

FD used its CO monitor to check for any CO within the structure, finding no CO reading on the monitor. FD had the resident run hot water from the bath tub to get the natural gas fueled water heater to operate. When the water heater began to operate, the FD CO monitor registered a slight CO reading of 7 while being held near the exhaust pipe on top of the water heater & then the unit again zeroed out. The dwelling's CO monitor did not activate. FD took its CO monitor outside into fresh air & restarted the unit again to establish a zero reading in the fresh air. After restarting the unit outside, the unit was again brought into the structure & a check of the water heater's exhaust piping with the unit, as well as the rest of the dwelling three levels, did not detect any CO presence within the structure.

FD advised the residence of its findings & that if the dwelling's CO alarm sounded again to again call 911.

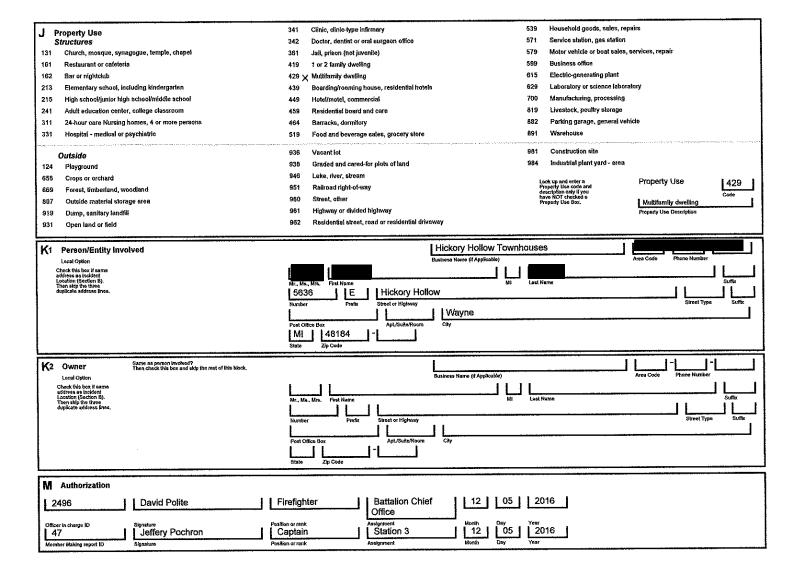
E3 took info for report & E3 & R3 cleared from incident.

A	OB251 MI	MM	16-12089W 0				NFIRS-9 Apparatus or Resources
E	Apparatus or Resource	Dates and Times Check if the same date a Month/Day/Year	s Alsım date on the Basic Module (Block E1) Hous/Min	Midnight is 0000 Sent	Number of People	Apparatus Use Check CNE box for each apparatus to indicate its main use at the incident,	Actions Taken List up to 4 actions for each apparatus and each personnel.
1	ID E-3 Type 13	Dispatch X 10/12/2016 Arrival X 10/12/2016 Clear X 10/12/2016	2209 2219 2231	Sent ×	2	Other X Suppression EMS	66 81
2	ID R-3 Type 76	Dispatch X 10/12/2016 Arrival X 10/12/2016 Clear X 10/12/2016	2209 2219 2231	Sent ×		Other X Suppression EMS	

A 0825	1	MI	10 12 Incident Date	2016	Sta 3	16-12089W Incident Number	D Exposure					NFIRS-10 Personnel
B Appara	itus or Re	source	Dates a	d Tim		is Alarm date on the Basic Moduli Hour/Min	Midnight is 0000 (Block E1)	Sent	Number of People	Apparatus Use Check ONE box for each apparatus to indicate its main use at the incident.	Actions Taken List up to 4 actions for personnel.	each apparatus and each
1 IDLE Type 1			Dispal Arriva Clear	ch X X X	10/12/2016 10/12/2016 10/12/2016	2209 2219 2231		Sent ×	2	Other X Suppression EMS	86	81
Perso 47 1220	onnel ID		Name hron, Jeffery estri, Alexander		Rai Captain Sgt	nk Or Grade	Action Taken 86 86	Ac	etion Taken 81 81	Action Take	en .	Action Taken
B Appara	atus or Re	esource	Dates a	ıd Tim		us Alann date on the Basic Modul HouriMin	Midnight is 0000 to (Block E1)	Sent	Number of People	Apparatus Use Check ONE box for each epparatus to indicate its main use at the incident.	Actions Taken Ust up to 4 actions for personnel.	each apparatus and each
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	nnel ID		Name	remonents.	سر پیشر دی مسر دردند وجود پریتر دستال دستری	nk Or Grade	Action Taken		Action Taken	Action Ta	ken	Action Taken
2494 65	ranvastromer	eriani Cenerani	otis, Anthony bien Jacob	auren eur	Firefighter Firefighter/Par		86 86	eri Çen veneve	New York Company of the Company of t	a area Gascaria en enacentra to	n production on Species (1995)	



Α	08251 MI FOID Stafe	12 05 2016 S	ta 3 16-14287	7W]	O Exposure				NFIRS-1 Basic
В	Adjacent to	Check this box to Indicate that the address for the in Module in Section B, "Alternative Location Specifical 5636 E Hickory Number/Milepost Prefs Street or Highway Wayne Chy Chy Chy Chy Cross Street, Directions or National Grid, as applicable	ion," Use only for wildland fires.	d Fire		MI Stato	Street Type So	00]	
D 1 2 3 4 5 N	Aid Given or Received Mutual aid received Automatic aid received Mutual aid given	, -	Affirm 12 Arrival 12 Controlled 12		05 unless canceled or did no 05 onal, except for wildland: 05	2016 2016	Hour Min Sec 19:45:00 19:50:00 19:50:00 20:15:00		E2 Shifts and Alarms Local Option Alarma Dishrict E3 Special Studies Local Option Special Study ID# Special Study Value
	86 Investigate Primary Action Taken (1) 81 Incident command udditional Action Taken (2)	itoring, sampling, & analysis	X Check this box and les if an Apparatus or Pers	aratus	Personnel 2 0 0	G2 Estimated Di LOSSES Regulard for Property \$ Contents \$ PRE-INCIDENT V Property \$ Contents \$			
	Completed Modules Fire-2 Structure Fire-3 Civilian Fire Cas4 Fire Service Cas5 EMS-6 HazMat-7 WildLand Fire-8 Apparatus-9 Personnel-10 Arson-11	H1 Casualties Death Injury Fire 0 0 0 Civilian 0 H2 Detector Required for confined fires. 1 Detector alerted occupants 2 Detector did not alert occupant U Unknown	None None	0 1 2 3 4 5 5	Natural gas: slow in Propane gas - Less Gasoline - vehicle : Kerosene - fuel-bui Diesei fuel/fuel oil - Household/office s	tions required or spili >= 5 eak, no evac, or HazMat a is than a 21 lb. tank fuel tank or portable conta ming equipment/portable • vehicle fuel tank/portable olvent or chemical spili gine or portable conteiner	iner storage	00 10 20 33 40 51 53 58 59 60 63 65 NN	Mixed Use Property Mixed use, other Assembly use Educational use Medical use Residential use Row of stores Enclosed mail Business and residential use Office use Industrial use Mälitary use Farm use Not mixed use



Remarks

E3 was dispatched to location for a report of a carbon monoxide detector activation without any persons experiencing CO exposure symptoms.

On arrival E3 spoke with the resident, who stated that her CO detector began sounding about 20 minutes prior to her calling 911 for FD response to the location. She stated that she had opened some of the dwelling's windows when the alarm began to sound & that the windows were still open. E3 checked the residence & found a CO level of 9 ppm within the structure, but that the level was slowly dropping.

The resident stated that she had also called the complex's maintenance about the CO detector activation. While E3 was @ the location, a private HVAC company (Burtons) showed up @ the location, stating that they had been contacted by the maintenance personnel & asked to respond to the location to determine the CO problem.

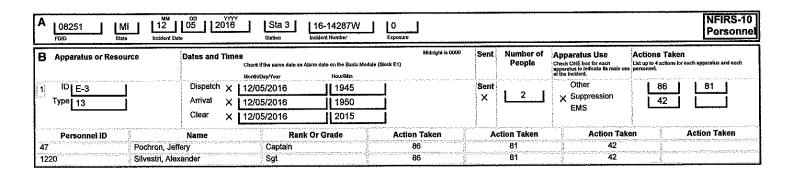
A check of all of the natural gas powered appliances within the structure found that the kitchen stove was giving off low levels of CO when operating. The resident did state that she had been using the oven prior to the CO detector sounding.

E3 advised the resident to not use the kitchen oven until the unit could be repaired and/or replaced, which the resident stated that she would do. The private HVAC company personnel stated that he would call the complex's maintenance personnel about the CO findings & if the appliance in question was to be repaired or replaced.

The residence was again ventilated by opening up windows until the CO level within the dwelling was zero. E3 then took info for report & E3 cleared from the incident.

NOTE-FD was unable obtain any information of the make/model of the kitchen range.

	A	08251 FDIO	MI	NM DD 12 O5 20 Incident Date	YYYY)16	Sta 3	16-14287W	Ехровите						NFIRS-9 Apparatus or Resources
Ī	В	Apparatus or Re	esource	Dates and	C)rl	eck if the same date as	Alarm date on the Basic Modulo (ghi is 0000 Seni		amber of People		Actions Taken List up to 4 actions for each a personnel.	apparatus and each
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Westland Fire Department

Prehospital Care Report

37201 MARQUETTE WESTLAND, MI48185

Incident Date: 11/24/2016

Call #: 16-13844WL

Patient Care #: 1

							Unit Call Sig	gn: Rescue 4
			Pakient Informat	ion -				
Nan	ne:			Age		D.O	. B: (n	nm/dd/yyyy)
				Gender:		SS	N:	
Addı	ress: 5636 E. Hickory Hollow	<i>y</i>	•	Weight:		Rad	ce:	and the second second
	Wayne, Wayne, MI481	84		Phone:		Ethnici	ty:	
	and the second of the second o		Provider Impres	ion				
Primary Impression	n		Secon	lary Impress	ion		2	
Altered Level of Cons	ciousness	groupes programmer and account of the second	Not Ap	olicable	dankii kantanan vashVirvijes,jy lappaja, 1920	en andersanders er en		THE HALL CHANGE AND ADDRESS OF THE PARTY OF
Summary of Events			Narrative					
A534 dispatched to I	ilsted location for male with	Er	n route WLFD E3 ad	vised there is				1
	ng 4 pt's. Listed pt is				CO	reading in home	ranged 120-200 Pt to A534 with	3
Unknown how long p incident. Pt VS taker	ot's were exposed to this leve	ei		ı	,		PL LO ASS4 WILLI	out !
incidenti i e vo tako,	,,		.	Pt trans	ported to GCOH v	vith ongoing pt a	ssessments. Pt co	ondition
	, ,							
Pt care to ED si A534 clear.	taff with report. 02 continued	d at 15LPM via NRB. GCC	OH staff reports tha	t the hyperbar	ic chamber on pre	emises is used on	ly for would care	e trierapy.
			Prior Aid					
Prior Aid						rformed By		Outcome
•					N/	Α,		.]
			Past Medical His	lo i y				
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			Assessment Ex	am	Author (1994) and the control of the			
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Secondary Co	-							
Alcohol/D	rug Use:							engger var dett veget generale en geget generalen en en
Injury Onset	Injury Cause	amente de la companya	Injury M	lechanism	ann maceanaireach Carrely ASS (ASS SECTION)	Injur	y Intent	Ht. of Fall
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Inc. Date: 11/24/2016
Incident #:

16-13844WL

Patient Name:

Call #: 16-13844WL

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06:39 165/89	ECG Interpretation	ECG Monitor	ECG Ectopy	Cause For Change
06:15 ECG-Monitor 06:27 ECG-Monitor 06:28 ECG-Monitor 06:39 ECG-Monitor				
ime Crew Name 6:06 TW 6:21 TW	Proce Location	dures and Treatments Size of Equipments	ent Attempts Response	Success Comments
Time Preoxy Gastric Sounds Lung L/R Chest L/R Wave Form	, o	Draws Back EDD Inflates Misting	POGO Score Secured Tube Depth At	Tubo size Verify X-Ray MD/RN Verify Placement
Fime Crew Medication		lication Administered oute Dosage	Response 1	TA Comments
	Patien Patient's Positior	Injury Details t Transport/Positioning	Patient Moved From	Ambulance
rationt Moved To Ambulance	Patient's Position			
Call Type and Location	Call Disposition		Response Times and M	llenge
Call Type: Altered Mental Status	Disposition: Treated, Trans	ļ		e1411
Resp. Mode: Lights and Sirens	by EMS Resp. Mode: Lights and Sire	PSAP: 05:5		
Urgency: Immediate	Destination: GARDEN CITY	, -	-	escue 3-2010 Chevy
Response: 911 Response Location: Home/Residence	HOSPITAL, 62		·	,
Address: 5636 E. Hickory Hollow	INKSTER RD,	At Scene: 06:0	4 Scene Miles: 0.0	To Scene: 0.0
Wayne, Wayne, MI	Garden City, 1	MI At Patient: 06:0	5	
48184	48135	Depart: 06:2	26	
	Dest. Determ.: Specialty Reso Center	Arrive Dest; 06:3	5 Dest. Miles: 6.4	To Dest: 6.4
	Diverted From:	In Service: 07:0)4	
	Response Delay: None	Cancelled:	End Miles: 6.4	To End: 0.0
	Scene Delay: None	In Quarters:	and miles: 0.4	10 Ena. 0.0
ng sakana and tan kanina da dading timban timbungan and munika masa anungan akam and ana and timba di timba di	Transport Delay: None			
		Unit Personnel		
		ntion		
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Inc. Date: 11/24/2016

Incident #:

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Primary Response District	Station 3
Drug Box/ A-Pack	
Mutual Aid Given or Received	N/A
Department Given or Receiving Mutual Ald	NA
Additional WLFD units dispatched	

Inc. Date: 11/24/2016

16-13844WL

Patient Name: Call #: 16-13844WL Incident #:

-40° (100 for 10° (Hospital/Receiving Agent Signature
Andreas de la companya del companya de la companya della companya	$14.00 \pm 0.00 \pm$
Hospital/Receiving Agent	
acknowledge that the above patient was transferred to my care.	
I Agreel DisagreeNot Applicable	
Signature	
5,	Mayla DD
Printed Name S. Wright	Date 11/24/201606:42
	Patient Consent Form
HIPAA Consent	A finder water by brother brother information about you. You have the right to review our notice
	may use and disclose protected health information about you. You have the right to review our notice our notice may change. If we change our notice, you may obtain a revised copy. You have the right to
request that we restrict how protected health information about you to this restriction, but if we do, we are bound by our agreement. By	u is used or disclosed for treatment, payment or health care operations. We are not required to agree y signing this form, you consent to our use and disclosure of protected health information about you for o revoke this consent, in writing, except where we have already made disclosures in reliance on your
I Agreei DisagreeNot Applicable	
Waiver of Liability	
	ce service. I assume responsibility for my own, my child's own, or any family member's medical
	 I release the providing ambulance service, its employees, officers and directors from liability resulting
from my own, my child's own, or any other family member's refusa	
I AgreeI DisagreeNot Applicable	
Authorization for Billing	Alember (fig. for with and sent that a selection of the control of
I authorize the release to the Social Security Administration and Ce	enters for Medicare and Medicaid Services, any HMO/PPO, other private or public insurance, or their
	performing billing or collection functions on behalf of the ambulance service, any personal, medical or
	I will be responsible for any services that are not paid/covered by my insurance. A copy of this
authorization shall be valid as the original and shall remain in effec	t until revoked in writing by the patient/insured. I request payment of medical insurance benefits either
to me or to the ambulance service,	
I AgreeI DisagreeNot Applicable	
Signature	
Printed Name	Date
	Techniclan
Technician	
I acknowledge that I have provided the above assessments/treatm	nants for this patient.
I Agree DisagreeNot Applicable	
Ambulance Crew Member Statement	
	ent was physically or mentally incapable of signing, and that none of the authorized representatives were

Inc. Date: 11/24/2016

Incident #: 16-13844WL

I AgreeI DisagreeNot Applicable

available or willing to sign on the patient's behalf.

Patient Name:

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Signature

1. 1/1/-

Printed NameTim Wilson Reason Pt. Unable to Sign condition Date

Valuables:

Other/Desc: medication bottles

Belongings Left: At Destination with Patient

Inc. Date: 11/24/2016

Incident #: 16-13844WL Patient Name
Call #: 16-13844WL

Westland Fire Department

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Westland Fire Department

Prehospital Care Report 37201 MARQUETTE WESTLAND, MI48185

Incident Date: 11/24/2016 Call #: 16-13844WL

Patient Care #: 2 of 3

				Unit Call Sign: Rescue 2
	Patijani	alniomation		Ш
Name:	A STATE OF THE PARTY OF THE PAR	Age:	D,O.B:	(mm/dd/yyyy)
	_	Gender:	SSN:	
Address: 5636 E, Hickory Holl	ow	Weight:	Race:	apart is state to
Wayne, Wayne, MI4	3184	Phone:	Ethnicity:	2 company Visit
	Provide	er Impression	ACCOUNT OF THE PROPERTY OF THE	
Primary Impression		Secondary Impression		
No Apparent Illness/Injury	a taga kana ang ang ang aga aga aga ang taong taong ang aga ang ang ang ang ang ang ang a	Not Applicable		
Summary of Events	N Santago ang mananang ang mananan	larrative		
Dispatched for a CO alarm with multiple patier	nts. Arrived to find 20 y/o male A&	0x4 ambulatory outside.	ng ng pangagan ing meneralah meneralah di berah berah berah berah di di berah menerih bibis bibis bandan berba	Pt denied any medical
complaints. Pt ambulated to our ambulance. F			els were 240 PPM of CO. Unknov	vn how long the
exposure was. V/S obtained,			ight on the bench seat secured w	i
medical complaints during transport. Contact			aken into the ER via wheelchair.	Pt moved to ER bed,
report given to ER RN, pt care transferred to I	ann ann ann an Aire an	e de la companya del la companya de la companya de la companya del la companya de	e en ja varannon kanna antanna jajoon een mood variitiinide telikkon jä Product Valani varanine vala valannon	g eneme e commune y menemen y selvene e museur al limbe e als liberties de la liberties de la liberties de la m
	CONTRACTOR	Prior Aid	SPECIALNESS (New Principle Special Spe	1 (2005) (2005) (1005) (1005) (1005)
Prior Aid	ng paramitan ang at at tipang manang man Manang manang manan		Performed By	Outcome
MEDICATION ALLERGIES	Generic Name	ledical History	Description	
PREPARATE AND	September 1	<u></u>	and an extension of the contract of the contra	na yaqiyan arasiyan iya arasiya sayar kasanin iyo sayarayin iya siyani
Patient Medications	Generic Name		Dosage	
FAUGH NEWLACIONS		ina ang at transition and a survey and a sur	a di mananana manana ana ana ana ana ana ana	e en gran antinomente a commune de Sentano recontribución dels de metallo de metallo de entre del
Medical Surgery History	em de um em			
	and the second of the second second and the second	argang pamangan karangan dan karangan pangan dalam dan	ranca per en arra e en arra en	nara proportional de la company de la co
History Primarily Obtained From Pregna	ncv Advanced Directives		Practit	ioner Name
	ila para de la come come constante de la come de la come La come de la come de			
		ssment Exam		
		ent Condition		ma en
Chief Complaint: No Medical Com	plaint X Minutes			
Secondary Complaint: Alcohol/Drug Use:				
				ent Ht. of Fall
Injury Onset Injury Caus	B. Santa alimenta et en en en en en el entre en	Injury Mechanism	Injury Int Not Record	en e
05:5411 /24/2016 }	and the state of the		NOT NECOTI	
Primary Symptom	Other Associated Symptoms Not Recorded	ang kanalasan menang menang kanalasan menang kanalasan sa sama seberah sa sebagai sa sama seberah sa seberah s	e para en en esperante de la procesa de la colonidad de la col	maneng gana sanaram dana amin'ny taona ao amin'ny faritr'i Sanara.
No Signs or Symptoms	page a p ¹ gregorian en en agua como en encontratado WHO MECA HOSSO MASSE WAS ESCAL	g a gapta manana ka a saga ana ana ana ang manana manana a samana a sa ana ka ka kasa da 662 PA 262 PA	$[R^{-1}R^{$	ent a film of the state of the
Time D/D Dules Dhubby See		tient Vitals CO2 GCS Pain Stroke ScI	PTA B.G. RTS Limb	Patient Position
Time B/P Pulse Rhythm Resp.	Ellor Spoz Spoz Quel. Ex	With the first transfer and the second secon		Control of the Contro
				TO COMPANY OF THE PROPERTY OF
Time ECG Type ECG Lead ECG		CG Monitor	ECG Ectopy	Cause For Change
	yayya a muunga ka guung mamaya ya ah ili maana a ay ca a muunda bamidh ka bamidh ka bamidh basadh basadh basadh	es and Treatments	orado visioni pragos, magama metro omano mantena a conserva de la transita de la transita de la transita de la	antika a kananda si kitikana san ana ya mi inga a tamba masa a sa s
Time Crew Name	Location	Size of Equipment	Attempts Response Succes	ss Comments
06:11 MN Assessment-Adult	ali para perangangan arawa sa kaban kalimatan arab kaban kaban kaban kaban kaban kaban kaban kaban kaban kaban Kaban kaban ka	agagaga ara gagan aragama ar <mark>k</mark> ijiya gaga maan arama arama arama <mark>ab</mark> a a mila arama arama arama arama arama ar B		namen ja väimmän ja jaleen ja ja moon ja meen ja
	Intubat	ion Confirmation	l transcriber and a security mean larger or security and a securit	
			_ \$	#
Time Preoxy Gastric Sounds Lung L/R Chest L/R Chest L/R Eform ETCO2	Color Color Infry Tub EDD	EDD EDD EDD Misting	Score Secured be Depl At Depth Ube siz	Verify X-Ray MD/RN Verify Hacemen
Time Preoxy Gastric Sounds Lung L/R Chest L/R Wave Fronz	ETCO2 Color Verify Tube EDD	MIS III	Score Secured Tube Depth Depth Tube size	Verity X-Ray MD/RN Verify

Incident #: 16-13844WL

Inc. Date: 11/24/2016

Patient Name:

Call #: 16-13844WL

Westland Fire Department

Page: 1

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				eksemper militariset er et er
		Administered	Response	PTA Comments
Time Crew Medication	Route	Dosage	Response	Confine to the experience of the control of the con
Company of the Compan	Injur	y Details	A STATE OF THE PROPERTY OF THE	DENVENTANTE CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR
	Patient Trans	part/Positioning		
Patient Moved To Ambulance	Patient's Position In Tra	nsport	Patient Moved From	Ambulance
Assisted/Walk	Sitting	en de seu de la company de	Wheelchair	(W. No, Ph. Challe Channel annual channel brackers, carry strategy to \$1000 to black blanch in hard to be a barry of the channel of the chann
Call Type and Location	Call Disposition		Response Times and I	4ileage
Call Type: CO Poisoning/Hazm	nat Disposition: Treated, Transported	1st Resp. Arr.:		
Resp. Mode: Lights and Sirens	by EMS	PSAP: 05:54	Incident #: 16-138	44WL
Urgency: Immediate	Resp. Mode: No Lights or Strens	Disp. Notified: 05:54	Call Sign: Rescue	2
Response: 911 Response	1	Unit Disp.: 05:54		2-2011 Cheverolet
Location: Home/Residence	HOSPITAL WAYNE,	Enroute: 05:58	Start Miles: 0.0	
Address: 5636 E. Hickory Ho	ollow 33155 ANNAPOLIS AVE, Wayne, MI	At Scene: 06:10	Scene Miles: 0.0	To Scene: 0.0
Wayne, Wayne, MI	48184	At Patient: 06:11		
48184	Dest. Determ.: Closest Facility	Depart: 06:30	Barr Miles CA	To Dest: 1.0
	Diverted From:	Arrive Dest: 06:39 In Service: 07:19	Dest. Miles: 1.0	10 Dest: 1.0
	Response Delay: None	Cancelled:		
	Scene Delay: None	In Quarters:	End Miles: 1.0	To End: 0.0
	Transport Delay: None	In Quarters.	Elle Filles, XIO	
	Unit I	ersonnel		
Crew Member	Level of Certification		Role	1967 (2004) 4 mm 1970 (2004) 1970 (1970) 1970 (1970) 1970 (1970) 1970 (1970) 1970 (1970) 1970 (1970) 1970 (1970)
Nation, Mark(MN)	EMT-Paramedic		Primary Patient Care	jiver
Knapp, Brian(BK)	EMT-Paramedic		Secondary Patient Ca	regiver
Viuli Se	Other Re-	sponding Unit	25, 1900	
	Billing :	information		
Payment	Method: Insurance		Work Related? Not Ap	plicable
		e Information		
Company Name	Company City Company Sta		ince Policy #	Relationship To Insured
	Detroit MI	en e	economic de la companya de la compa	Self
and the first of the first transfer to the first of the f		A complete the second s		
A	Patient Occup	ation Information Industry		
Occupation				
	Service-De	fined Questions		
Run Priority		3	and the state of t	alar meteodoris kimis 5, 17 mas 5, 17 kg ag 5 kg/ard salambhadd a' d annard ma shahan, 8 mar 5 h, ma 17 h, ma
CT#		5669	remon specimens and a grown, seem and some and present an experimental seems.	da " con in mais materia en la calemina en transferant de servica en 25 de 25 de 16 decembrar dels constitutados en con
Primary Response District		Station 3	The control of the second seco	d and the same frames to consider the same of consistency of the first of the first on an administration to the first of a consistency of the first
Drug Box/ A-Pack		N/A		
Mutual Aid Given or Received Department Given or Receiving M	one and the state of the state	NA NA		
Additional WLFD units dispatched	Selection + solid + Selection + solid + soli	of the state of the first of the state of th	er perior of the state of	Not were marketing over the production of the state of th
Additional With D dillio dispatched				

 Inc. Date: 11/24/2016
 Patient Name:
 Westland Fire Department
 Page: 2

 Incident #:
 Call #: 16-13844WL
 Date Printed: 04/09/2019 14:40

Incident #: 16-13844WL

Hospital/Receiving Agent Signature

Hospital/Receiving Agent

I acknowledge that the above patient was transferred to my care.

I Agree I DisagreeNot Applicable

Signature

Printed Name Knauer, PA

Date 11/24/201606:44

Patient Consent Form

HIPAA Consent

Our Notice of Privacy Practices provides information about how we may use and disclose protected health information about you. You have the right to review our notice before signing this consent. As provided in our notice, the terms of our notice may change. If we change our notice, you may obtain a revised copy. You have the right to request that we restrict how protected health information about you is used or disclosed for treatment, payment or health care operations. We are not required to agree to this restriction, but if we do, we are bound by our agreement. By signing this form, you consent to our use and disclosure of protected health information about you for treatment, payment or health care operations. You have the right to revoke this consent, in writing, except where we have already made disclosures in reliance on your prior consent.

I AgreeI DisagreeNot Applicable

Waiver of Liability

I refuse treatment and/or transportation by the providing ambulance service. I assume responsibility for my own, my child's own, or any family member's medical treatment. I have been advised to seek the attention of a physician. I release the providing ambulance service, its employees, officers and directors from liability resulting from my own, my child's own, or any other family member's refusal of medical treatment or transportation.

I AgreeI Disagree**Not Applicable**

Authorization for Billing

I authorize the release to the Social Security Administration and Centers for Medicare and Medicaid Services, any HMO/PPO, other private or public insurance, or their agents, fiscal intermediaries or carriers or an independent agency performing billing or collection functions on behalf of the ambulance service, any personal, medical or billing information needed for this or a related claim. I understand I will be responsible for any services that are not paid/covered by my insurance. A copy of this authorization shall be valid as the original and shall remain in effect until revoked in writing by the patient/insured. I request payment of medical insurance benefits either to me or to the ambulance service.

I Agree I DisagreeNot Applicable

Signature



Printed Name

Date 11/24/2016

Technician

Techniciar

I acknowledge that I have provided the above assessments/treatments for this patient.

I AgreeI DisagreeNot Applicable

Ambulance Crew Member Statement

My signature below indicates that, at the time of service, the patient was physically or mentally incapable of signing, and that none of the authorized representatives were available or willing to sign on the patient's behalf.

I AgreeI DisagreeNot Applicable

Inc. Date: 11/24/2016

Patient Name:

Call #: 16-13844WL

Westland Fire Department

Page: 3

Signature

Printed Name Mark Nation

Date 11/24/2016

Reason Pt. Unable to Sign

Valuables

Valuables:

Other/Desc: Phone

Belongings Left: At Destination with Patient

Inc. Date: 11/24/2016

Patient Name: Call #: 16-13844WL Incident #: 16-13844WL

Westland Fire Department

Page: 4

Westland Fire Department

Prehospital Care Report

37201 MARQUETTE WESTLAND, MI48185

Incident Date: 11/24/2016 Call #: 16-13844WL

Patient Care #: 3 of 3

					Unit Call S	Sign: Rescue 2
		Patient In	formation			
Name:			Age:		D.O.B:	mm/dd/yyyy)
-			Gender:		SSN:	
Address: 56	536 E. Hickory Hollow		Weight:		Race:	
w	ayne, Wayne, MI48184		Phone		Ethnicity	
Closest Relative/Guardia	en e			Service Control of the Control of th	e e principale de la compania de la	average management of the
and the same and t	own, Shell-Nell	en englis en allaman and en en allaman alla eta eta eta eta eta eta eta eta eta et	and a service of the	Relations	hip: Mother	
Address:,				Phon	e #: 7344698656	
		Provider I	mpression			
Primary Impression			Secondary Impression			
No Apparent Illness/Injury	da dan 1994 merunan sebagai seria seria sepengan kerapatan perdan perdan antan perdan antan da basa se		Not Applicable			
	orago de Colt.	Nari	ative			
Summary of Events						
Dispatched for a CO alarm	with multiple patients. Arrived to fi	nd 5 y/o female A&Ox	4 ambulatory outside.		Pt denied	any medical
	our ambulance. Pt sat on the jum	ip seat. Pt was sleepin	g in the basement where le			
exposure was. V/S obtained			Wayne sitting upright on the			
	ransport. Contacted HEMS and gav			taken into the ER via	wneelchair, Pt moved t	o EK Ded,
report given to EK KN, pt C	are transferred to ER medical staff.	A552 Gear Widi no iii	acents,			
		Pric	r Aid			
Prior Aid			en de la companya de La companya de la co	Performed	By	Outcome
				N/A		
		Past Med	ical History			
MEDICATION ALLERGIES	Gene	ric Name		Description		and the second s
_	gament appear an engage of papers and an entry of the first of the control of the control of				regions comments as one of the contract the first	
Patient Medications	Gene	ric Name	AMERICAN CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CO	Dosage		
Medical Surgery History	ediorest, via Servi e president estados estados estados estados estados estados estados en entre estados y estados estados	end tables (12 mil is 1 millionis American Armer (18 April 19)	enter-toring a minima amenia amenia and a minima (a minima) and a postilia (a mi	nanata minata tambahan sambah sayan api ya tahun sayan ya sayan sayan sayan sayan sayan sayan sayan sayan saya		
		era un grand a colonia de colonia de colonia de Calenda de Transportación de				
History Primarily Obtains	d From Pregnancy Advanced	Directives	anne e e estidad estatutura estimate estimate e estimate estimate e e en la estatuta e e en la estatuta estatu	rener mente de la companio de la co	Practitioner Na	me
		Acces	rent Exam			ALCOHOLOGICA PROCESSION
				CONTRACTOR OF THE CONTRACTOR O		NOT THE
		Patient	Condition	<u> </u>		
]	t: No Medical Complaint X Minutes					
Secondary Complain						
Alcohol/Drug Us						
Injury Onset	Injury Cause	II. In the contract of the contract	njury Mechanism	al amuse a security of the security of the	Injury Intent	Ht. of Fall
05:5411 /24/2016	r region employ region with the second and the second seco				Not Recorded	
Primary Symptom	a primar a serie de la companya de l	ciated Symptoms	and the state of t			and the second s
No Signs or Symptoms	Not Recorde	d	en yan yangan kana kana ya kana na mana na mana kana maha kana kana da			
0.5			nt Vitals			
Time B/P Pulse	Rhythm Resp. Effort Sp02	SpO2 Qual. EtCO:	GCS Pain Stroke S	ci PTA B.G. RTS	Limb Patie	nt Position
		ECG	Monitor			
Time ECG Type	ECG Lead ECG Interpretation			ECG Ectopy	Caus	e For Change
	dennes a principa de como desimbo e acordinar e anima de des executorios de comenza de de comenda e en element	Projectures	and Treatments			
Time Crew Name		Location	Size of Equipment	Attempts Respo	nse Success Comm	ents
06:11 MN Assessment-	Adult	ang magang pagaman an managan m		The state of the s		

Inc. Date: 11/24/2016

Incident #: 16-13844WL Patient Name:Berry, Dominique

Westland Fire Department

Page: 1

Call #: 16-13844WL Date Printed: 04/09/2019 14:39

Time Creat Gounds L/R LLNg L/R L/R L/R Wave	Entubation C ELCO2 Color Color Color Color Medication A Route Route	EDD Busting Misting Pogo Score Secured Tube Depth At Depth Tube size Verify X-Ray
Patient Moved To Ambulance Assisted/Walk	Injury Patient Transp Patient's Position In Tran Sitting	ort/Positioning sport Patient Moved From Ambulance Wheelchair
Call Type and Location Call Type: CO Poisoning/Hazmat Resp. Mode: Lights and Sirens Urgency: Immediate Response: 911 Response Location: Home/Residence Address: 5636 E. Hickory Hollo Wayne, Wayne, MI 48184	by EMS Resp. Mode: No Lights or Sirens Destination: BEAUMONT HOSPITAL WAYNE,	Response Times and Mileage Let Resp. Arr.: PSAP: 05:54 Disp. Notified: 05:54 Unit Disp.: 05:54 Enroute: 05:58 At Scene: 06:10 At Patient: 06:11 Depart: 06:30 Arrive Dest: 06:39 In Service: 07:19 Cancelled:
	Scene Delay: None Transport Delay: None	In Quarters: End Miles: 1.0 To End: 0.0
Crew Member	Level of Certification	Role
Nation, Mark(MN)	EMT-Paramedic	Primary Patient Caregiver
Knapp, Brian(BK)	EMT-Paramedic	Secondary Patient Caregiver
	Other Resp	onding Unit
	Billing Ir	formation
Payment Me	thod: masseseemassesses massessessessassassassassassesses and another massesses and another masses and another section	Work Related? Not Applicable
		tion Information
	PARIENT OF MAIN	
Occupation	Patient Occupa	
Occupation		Industry ned Questions
		kan periodi kan pengangan kan mengangan beraja pengangan pengangan pengangan berajak pengangan pengangan beraja Pengangan pengangan
Run Priority		ned Questions
Occupation Run Priority CT # Primary Response District		red Questions
Run Priority CT #		ned Questions 3 5669 Station 3
Run Priority CT # Primary Response District	Service-Defi	ned Questions 3 5669

Inc. Date: 11/24/2016
Incident #:

16-13844WL

Additional WLFD units dispatched

Patient Name: Call #: 16-13844WL

Westland Fire Department

Page: 2

Hospital/Receiving Agent Signature

Hospital/Receiving Agent

I acknowledge that the above patient was transferred to my care.

I AgreeI DisagreeNot Applicable

Signature

Printed Name Knauer, PA

Date 11/24/201606:43

Authorized Representative Signature

HIPAA Consent

Our Notice of Privacy Practices provides information about how we may use and disclose protected health information about you. You have the right to review our notice before signing this consent. As provided in our notice, the terms of our notice may change. If we change our notice, you may obtain a revised copy. You have the right to request that we restrict how protected health information about you is used or disclosed for treatment, payment or health care operations. We are not required to agree to this restriction, but if we do, we are bound by our agreement. By signing this form, you consent to our use and disclosure of protected health information about you for treatment, payment or health care operations. You have the right to revoke this consent, in writing, except where we have already made disclosures in reliance on your prior consent.

I AgreeI DisagreeNot Applicable

Waiver of Liability

I refuse treatment and/or transportation by the providing ambulance service. I assume responsibility for my own, my child's own, or any family member's medical treatment. I have been advised to seek the attention of a physician. I release the providing ambulance service, its employees, officers and directors from liability resulting from my own, my child's own, or any other family member's refusal of medical treatment or transportation.

I AgreeI DisagreeNot Applicable

Authorization for Billing

I authorize the release to the Social Security Administration and Centers for Medicare and Medicaid Services, any HMO/PPO, other private or public insurance, or their agents, fiscal intermediaries or carriers or an independent agency performing billing or collection functions on behalf of the ambulance service, any personal, medical or billing information needed for this or a related claim. I understand I will be responsible for any services that are not paid/covered by my insurance. A copy of this authorization shall be valid as the original and shall remain in effect until revoked in writing by the patient/insured. I request payment of medical insurance benefits either to me or to the ambulance service.

I AgreeI DisagreeNot Applicable

Witness

I acknowledge that I have witnessed the patient/guardian sign this Patient Care Report.

I AgreeI DisagreeNot Applicable

Authorized Representative

I am signing on behalf of the patient. I recognize that signing on behalf of the patient is not an acceptance of financial responsibility for the services rendered.

I AgreeI DisagreeNot Applicable

Signature

Printed Name Dorothy Barnes Relationship Great Grandma Address 3354 Turnberry Lane Date 11/24/2016

Authorized Representative

City Ann Arbor

Postal Code

Inc. Date: 11/24/2016

Patient Name:

Westland Fire Department

Page: 3

Call #: 16-13844WL Date Printed: 04/09/2019 14:39

Patient	Namo:
ratient	Name.

Reason Pt. Unable to Sign Minor Child	Phone Number
	Valuables
Valuables: Other/Desc: None	
A STATE OF THE PROPERTY OF THE	

Inc. Date: 11/24/2016
Incident #:

16-13844WL

Patient Name:

Call #: 16-13844WL

Westland Fire Department

Page: 4

Prehospital Care Report

Call #: 16-13842WL

Westland Fire Department

37201 MARQUETTE
WESTLAND, MI48185

Patient Care #: 1

Unit Call Sign: Rescue 3

Life Threat: No

Pati	ent Information		
Name:	Age:	D.O.B:	(mm/dd/yyyy)
- 14	Gender:	SSN: Race:	
Address: 5636 E Hickory Hollow Wayne, Wayne, MI48184	Weight:	Ethnicity:	
Annier war in the Control of the Con	vider Impression	200 Per 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	AND
Primary Impression	Secondary Impression		
Altered Level of Consciousness	Not Applicable		
Summary of Events	Narrative		
A533 dispatched for someone yelling help. A533 arrived to find a	,		
Pt states that she woke up and felt like she could not breathe. Pt states that s bed. Pt states she went outside yelling for help. Upon further investigation of the home, E3 found very high levels (300+ ppm		ome and noticed that her husband	would not get out of
Pt transported without incident and A533 returned in service.	arrival, A533 transferred pt cared to	ED staff with full pt care report g	iven.
	Prior Aid		97 W 75 C
Prior Aid		Performed By N/A,	Outcome
Pas	it Medical History	- 19 (19 (19 (19 (19 (19 (19 (19 (19 (19	
MEDICATION ALLERGIES Generic Name	<mark>an an ann an </mark>	Description	
			grappy my, as armen a gray or as agravas automatic and sea seat the first firs
Patient Medications Generic Name		Dosage	
Medical Surgery History	is and the second s If I Villace is the medical design and second	$\frac{1}{\sqrt{2}} \left(\frac{1}{\sqrt{2}} \right) $	e de comita de servicio e en comita de servicio de servicio de servicio de servicio de servicio de servicio de Anterior de comita de servicio de serv
Consideration of the considera			
History Primarily Obtained From Pregnancy Advanced Directives		Practition	oner Name
A:	ssessment Exam		
Р	atient Condition		
Chief Complaint: Secondary Complaint: Alcohol/Drug Use:			
Injury Onset Injury Cause 05:5311 /24/2016 Not Applicable	Injury Mechanism	Injury Inte	kanana arma aranana farmanana mananana ma
Primary Symptom Other Associated Sympto	en e	Annual Contract of West Contraction Contraction Contraction Contraction Contraction Contraction Contraction Co	
	Patient Vitals		
Time B/P Pulse Rhythm Resp. Effort Sp02 Sp02 Qual. 05:50 06:16	EtCO2 GCS Pain Stroke Sci	PTA B.G. RTS Limb	Patient Position
	ECG Monitor	olodia AC dog (MacAmas America Amas Andrea)	0.000,0000,000,000
Time ECG Type ECG Lead ECG Interpretation	a anna 11 thaill an train tha	ECG Ectopy	Cause For Change

Inc. Date: 11/24/2016

Incident #:

16-13842WL

Incident Date: 11/24/2016

Patient Name: Call #: 16-13842WL

Westland Fire Department

Page: 1

					T+200.500							400				
Time Crew Name			Lo	Cation	es alde	Size of		ent	Atten	npts	Resp	onse	Success	Commer	ıts	
05:47 NW		elizario commente so succ	i	and the second						1.5.4.4.10	S. A. O. S.		Lancas damentalis (
)5:59 NW									1		74400000000					v-~-a.v-:
06:04 NW	A PARTICIPATION OF THE PARTICIPATION OF	en anno anno anno anno anno anno anno an		- 5/1 - ver//- drane - Helic /e/1		Section of the sectio		007000713T	1	.		e qui e en en en en en el	Account to the	- Commence of the Commence of		
				Intribat	ion Co	uffrmatio	1									
Preoxy Gastric Sounds Lung LyR Chest	Wave Form	Numeric ETCO2 Color	Verify Tube	EDD	Draws back EDD Inflates	EDD	Misting	090d	Score	Secured	Tube Depth	Depth	Tube size	Verify X-Ray	MD/RN Verify	Placement
				Medical	ion Ad	ministere	d									
Time Crew Medication				Rout	е	C	osage		Res	pons	ie		PTA	Cor	nments	enie.
DS:51 NW										Same		in principality in the second				v.
				j. Ji	(U) (C)	ataile										
				Patient Tr	anspor	t/Positio	nine									
Patient Moved To Ambulance			Patient's	Position In	Transp	ort			Pati	ent M	loved	From	Ambular	Ce	anestines e proestations proesta	
														and employee probabilities du		area en
Call Type and Locatio	m	e e	III Disposi	tion					(Espe	or (#	imes	andli	lileage			
Call Type:		Disposi		ed, Transport	ed 1s	t Resp. A	rr,:									
Resp. Mode: Lights and Sirer	ıs	D M	-	PSAP: 05:35						6-1384						
Urgency: Immediate Response: 911 Respon	ra		oue: No Lig tion: BEAU	o Lights or Sirens Disp. Notified: 05:35 EAUMONT Unit Disp.: 05:37			Call Sign: Rescue 3 Veh. #: Rescue 3-2010 Cheverolet									
Location: Home/Residenc				OSPITAL WAYNE, Enroute: 05:40			Start Miles: 0.0									
Address: 5636 E Hickory			3315	3155 ANNAPOLIS At Scene: 05:45					To Scen	e: 0.0						
Wayne, Wayne,	MI		AVE, 4818	Wayne, MI		At Patie	nt: 05:4	16								
48184		Dest, Dete				-	art: 06:1						**- ***- 1 0			
		Diverted F		,		Arrive De			Dest. Miles: 1.0 To Des			t: 1.0				
		Response D	elay: None			Cancell		13								
		Scene De Transport De	elay: None elay: None	one In Quarters:				End Miles: 1.0 To En			d: 0.0					
	Service of Physics of the Control of	AMERICAN AND ASSESSMENT OF THE PROPERTY OF THE	ethick extensive and even	Ŋ	nit Pers	onnel	on comment of the second				- lu analou era		ALTERNATION CONTRACTOR	Alla Marco Polarica		
Crew Member	ar come the error common co	ta di Santa da Santa Santa da Santa da Sa	å monomer i more	Certification	1	t i i i i i i i i i i i i i i i i i i i			Role							
Winrow, Nicholas(NW)	programme and Donne Son.	enalista en la salan esta en	EMT-Parar	and divine the formation and at the back-		Primary Patien				and a formal manage of the	$, \dots, \dots,$					
Bandy, Michael(MB)			EMT-Parar			Primary Patient Caregiver										
						iding Uni	L		ale ca							
				Billi	ng punin	rmation	20.20			D-1-			lta-bla			
	nt Metho	d: Self Pay	and a second					Work Related? Not Applicable					r./			
Company Name	· · · · · ·	any City		Company	SUBSEII OLO	(formatio	nsocialistic consistent	euran	ce Pol	icu #		<u> </u>	Pelation	ship To J	neurad	
None		entry Catharan	nen, a super, more, amore d'au	MI						1			Self	ara ne santa wa ma		
				Patient Oc	e a constitu	o o a loci com	e liion				Care of the	-, 0,000	-1			
Occupation						ndustry										
	verkiestriceski.	ernastratin Saartieris		Spanies	2012/81573	d Questio) n S	5/5///SEGE	50000000000000000000000000000000000000		ersante.	alegines projec		piritalaybe(E)	W. 110 Company (1920)	
Run Priority			C.		2											9536
CT #		en arrandon estra del estramador estrador de altra de altra de la companya del companya de la companya del companya de la comp	e a acardinaenti nament	A military and A former work of the Poster's American Service Services		669	eta temane intertet d'an	or or or agree of the second	C** A**********************************	L-1000-0-0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		armenium arasını amara li		AV. or the shedders are here	
Primary Response District		and a state of the second and the se			S	itation 3										
Drug Box/ A-Pack	***************************************		and the second of the second of	and the second s	an comment of the	ld A1166 l	New A21	2-2	manana arrada damada	n=nentration	on the state of the state of	·	···		nen tertinassen etert 200 satuttet.	LCC/TVIII
Mutual Aid Given or Received			owners are a serious and	manaris constitute disentes de tarba (44	comon origin	I/A				and the superior superior	200 200 4 4 4 4	V 11 F-12 ***(**2 F	to the second se		garanta (ang paganananan) pag	enne
Department Given or Receiving	· secondarion of the	MO 				lA :_3	-12.5-2.5		·>			et = , man et , që, priv				
dditional WLFD units dispatched						(E-3 										

Inc. Date: 11/24/2016

Incident #:

16-13842WL

Patient Name: Call #: 16-13842WL Westland Fire Department

Page: 2

Hospital/Receiving Agent Signature

Hospital/Receiving Agent

I acknowledge that the above patient was transferred to my care.

I AgreeI DisagreeNot Applicable

Signature

Printed Name Knauer

Date 11/24/201606:28

Patient Consent Form

HIPAA Consent

Our Notice of Privacy Practices provides information about how we may use and disclose protected health information about you. You have the right to review our notice before signing this consent. As provided in our notice, the terms of our notice may change. If we change our notice, you may obtain a revised copy. You have the right to request that we restrict how protected health information about you is used or disclosed for treatment, payment or health care operations. We are not required to agree to this restriction, but if we do, we are bound by our agreement. By signing this form, you consent to our use and disclosure of protected health information about you for treatment, payment or health care operations. You have the right to revoke this consent, in writing, except where we have already made disclosures in reliance on your prior consent.

I AgreeI DisagreeNot Applicable

Waiver of Liability

I refuse treatment and/or transportation by the providing ambulance service. I assume responsibility for my own, my child's own, or any family member's medical treatment. I have been advised to seek the attention of a physician. I release the providing ambulance service, its employees, officers and directors from liability resulting from my own, my child's own, or any other family member's refusal of medical treatment or transportation.

I AgreeI Disagree**Not Applicable**

Authorization for Billing

I authorize the release to the Social Security Administration and Centers for Medicare and Medicald Services, any HMO/PPO, other private or public insurance, or their agents, fiscal intermediaries or carriers or an Independent agency performing billing or collection functions on behalf of the ambulance service, any personal, medical or billing information needed for this or a related claim. I understand I will be responsible for any services that are not paid/covered by my insurance. A copy of this authorization shall be valid as the original and shall remain in effect until revoked in writing by the patient/insured. I request payment of medical insurance benefits either to me or to the ambulance service.

I AgreeI DisagreeNot Applicable

Signature



Printed Name I

Date 11/24/2016

Technician

Technician

I acknowledge that I have provided the above assessments/treatments for this patient.

I Agree I DisagreeNot Applicable

Ambulance Crew Member Statement

My signature below indicates that, at the time of service, the patient was physically or mentally incapable of signing, and that none of the authorized representatives were available or willing to sign on the patient's behalf.

I AgreeI DisagreeNot Applicable

Inc. Date: 11/24/2016
Incident #:

16-13842WL

Patient Name: Call #: 16-13842WL

Westland Fire Department

Page: 3

Signature

Printed Name Michael Bandy

Reason Pt, Unable to Sign

Valuables:

Inc. Date: 11/24/2016

Incident #: 16-13842WL Patient Name: Call #: 16-13842WL Westland Fire Department

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A 08251 MI 11 22	2016 Sta 3 16-13 Staten Incident Nuc		NFIRS-1 Basic
X Street address Intersection In front of Rear of Api/Satie/Room Adjacent to	o indicate that the address for this incident is provided on the World, Admentive Location Specification, Use only for videland the Location Specification, Use only for videland the Location Street or Highway Wayne City one or National Grid, as applicable		669 - 00 CT
C Incident Type 424	dates are the same as Alarm 17: anne as Alarm Date. Arrival 17: Their State Controlled 17:	Ma haveye required 24	Midnight is 0000 din Sec din Sec B 10:00 B 11 3 Shift or Alarms District Philoso 10:00 Special Studies Local Option Special Study 10# Special Study Velue
F Actions Taken 86 Investigate Primary Action Taken (1) 81 Incident command Additional Action Taken (2) 73 Provide manpower Additional Action Taken (3)	X Check this box and first an Apparatus or Module is used. A Suppression	Personnel LOSSES: Optional for non-fires. Property \$ Contents \$ D D PRE-INCIDENT VALUE: Optional or non-fires. Property \$ Property \$	nd Values None O X O X X X
Structure Fire-3 Civilian Fire Cas4 Fire Service Civilian EMS-6 HazMat-7 WildLand Fire-8 Fire Service Civilian Fire Service Fire Service Fire Service Fire Service 1 Service Fire Service Fire Service 1 Service 1 Fire Service 1 Fir	l for confined fires. tor alerted occupants tor did not alert occupants	Hazardous Materials Release Special HazMat actions required or split >= 55 gal. Natural gas: stow teak, no evac, or HazMat actions Propane gas - Less than a 21 lb. tank Gasoline - vehicle fuel tank or portable container Kerosene - fuel-burning equipment/portable storage Diesel fuel/fuel oil - vehicle fuel tank/portable Household/office solvent or chemical spill Motor oil - from engine or portable container Paint - splifs less than 55 gallons None	Mixed Use Property Mixed use, other Mixed use, other Assembly use Educational use Medical use Medical use Kesidential use Kow of stores Business and residential use Office use Industrial use Military use Not mixed use

Structures	341 Clinic, clinic-type infirmary 342 Doctor, dentiet or oral surgeon office 361 Jail, prison (not juvenile) 419 1 or 2 family dwelling 429 Whitifamily dwelling 439 Boarding/rooming house, residential hotels 449 Hotel/motel, commercial 459 Residential board and care 464 Barracks, dermitory 519 Food and beverage sales, grocery store 936 Vacant lot 938 Graded and cared-for plots of fand 946 Lake, river, stream 951 Railroad right-of-way 950 Street, other 961 Highway or divided highway 962 Residential street, road or residential driveway	Household goods, sales, repairs Service station, gas station Motor vehicle or boat sales, services, repair Business office Blectric-generating plant Laboratory or science laboratory Manufacturing, processing Livestock, poultry storage Parking garage, general vehicle Hard Construction eith Industrial plant yard - area Look up and enter a Property Use Property Use Property Use Services and Services Property Use Box. Property Use Box. Property Use Description
K1 Person/Entity Involved Local Option Check this box if same address as incident Than skip the three duplicate address lines.	Bustness Name (if Applicable) Mr., Ma, Mrs, First Name MI Number Prefix Street or Highway Post Office Box ApL/Suite/Room City Slate Zip Code	Area Code Phone Namber Lasi Name Surfix Street Type Surfix
K2 Owner Local Option Check this box if earner of the shock in the short of the shock. Check this box if earner of the short of the	Susinese Namo (if Applicable) Mr., Me., Mrc. Fett Name MI Number Prefix Street or Highway Post Office Box Apl./Sulfe/Room City State State Zip Code	Area Codo Phone Number Last Name Suffix Street Type Suffix
Officer in charge 10 Signature Post 1220 Alexander Silvestri S	Captain Station 2 11 24 Singer area Supported Month Capt Get Station 3 11 24 Son or rank Son or rank Assignment Month Day Assignment Month Day	
L Remarks Local Opplies Dispatched to above address for Subsequently while searching the rest of the condo 2 more upstairs. Consumers energy was then contacted to respond to the scene also. The condo was ventilated and the unit ne	A second rescue was requested people were found in the basement aox3. A CO monitor should to the scene. A third rescue was requested to evaluate the ext door was checked with low levels of CO found in the base was left with complex management and Consumers energy to	2 patients from the basement, and Battalion 1 responded ement. Engine 3 crew tried to isolate the source of the CO

A	08251 MI 11 15 15 15 15 15 15 1	24 2016 Sta 3 16-1	13842 D SEXPOSITE					NFIRS-9 Apparatus or Resources
В	Apparatus or Resource	Dates and Times Check if the same date as Alarm date Month/Day/Year			Pennie		Actions Taken List up to 4 actions for each appersonnel.	peratus and each
1	^{ID} E-3 Type 10	Arrival X 11/24/2016	0540 0547 0810	Sent X	2	Other X Suppression EMS	86 L 73 L	81
2	ID Batt1 Type 91	Arrival X 11/24/2016	0540 0547 0810	Sent X	1	Other X Suppression EMS	86 L	81

A 08251 MI State	11 24 2016 Incident Date	Sta 3	16-13842 Incident Number	Ехровиче				NFIRS-10 Personnel
B Apparatus or Resource	Dates and Time		Alann date on the Basic Moo Hou/Min	Midnight is 0000 lule (Block E1)	Sent	Number of People	Apparatus Use Check ONE box for each apparatus to indicate its main use at the incident.	Actions Taken Ust up to 4 actions for each apparatus and each personnel.
10 E-3 Type 10	Dispatch X Arrival X Clear X	11/24/2016 11/24/2016 11/24/2016	0540 0547 0810		Sent X	_ 2	Other Suppression EMS	86 81 73 1
American control de la maciona de compresso de la compressión de l	Name arski, Mitch lell, Andrew	Rank O Captain Firefighter	r Grade	Action Taken 86 86	Acti	on Taken 81 81	Action Taker 73 73	A Action Taken
B Apparatus or Resource	Dates and Time		Alarm date on the Basic Mo Hour/Min	Midnighi is 0000 dule (Block E1)	Sent	Number of People	Apparatus Use Check ONE box for each apparatus to indicate its main use at the incident.	Actions Taken List up to 4 actions for each apparatus and each personnel.
2 ^{ID} Batt1 Type 91	Dispatch X Arrival X Clear X	11/24/2016 11/24/2016 11/24/2016	0540 0547 0810		Sent X		Other Suppression EMS	
Personnel ID 68 Buc	Name :k. Andrew	Rank Or (Battalion Chief	rade	Action Taken	Actio	n Taken 81	Action Taken	Action Taken